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Country programme document

Armenia

Summary

The country programme document (CPD) for Armenia is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $4,555,000 from regular resources, subject to the availability of funds, and $8,500,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2016-2020.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks ahead of the annual session of 2015.

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Programme rationale

1. Armenia, a lower-middle-income country, has just over 3 million people, about 750,000 of them children.[1] The country is a member of the Eurasian Economic Union and part of the European Union Neighbourhood Policy. According to Government predictions, gross domestic product (GDP) per capita will triple by 2025. Armenia is supported by a worldwide network of diaspora communities, which play an active role in shaping national development. Remittances comprise up to 16 per cent of GDP. One quarter of families have at least one member who has worked as a labour migrant; about 97 per cent of migrants are men.

2. The 2013 Integrated Living Conditions Survey (ILCS) estimated overall poverty at 32 per cent, with child poverty at 37 per cent.[2] At higher risk of child poverty are the following groups: under-five children; children with three or more siblings; households with one or more children with disabilities; female-headed households; and households with no employed adults.[3] Regional disparities and socioeconomic inequalities are significant. Urban residents outside of the capital comprised 70 per cent of the extreme poor in 2013. Poverty rates vary substantially across regions (Aragatsotn, 23 per cent; Shirak, 46 per cent). In 2008, 77.5 per cent of extremely poor households received family benefits; this fell to 66 per cent by 2013.[4] Since 2010 the Government, with UNICEF and World Bank support, has initiated a reform of integrated social services aimed at reducing the vulnerability of children and women by applying the strategies of transformative social work, local social planning, and cooperation among services.

3. Armenia has almost halved its infant mortality rate (IMR) since 1990.[5] However, according to the National Statistical Service (NSS), there has been very little progress in the past five years, with the IMR still at 9.7 in 2013,[6] while the United Nations Inter-Agency Group for Child Mortality Estimation puts the IMR at 14 for the same year.[7] The 2010 Armenia Demographic and Health Survey (ADHS) highlighted that children from the poorest households, rural children, and those whose mothers have only basic education are at notably higher risk of dying before their first birthday.[8] A significant increase in the number of registered stillbirths has occurred, from 385 in 2005 to 711 in 2013,[9] which requires further research. In order to reduce child mortality among disadvantaged groups, the health system needs to overcome key bottlenecks by taking the following measures: improve financing mechanisms, thus reducing exposure to formal and informal out-of-pocket expenditure, strengthen the national capacity to collect, analyse and use data for equity-focused programming, and increase cross-sectoral collaboration. The health system will also need to improve the quality of paediatric care at subnational level, particularly by strengthening counselling and family support services.

[1] National Statistical Service (NSS) of Armenia, TransMonee, 2014.
[2] NSS, Social Snapshot and Poverty in Armenia, 2014.
[3] Ibid.
[4] Ibid.
[5] NSS, Demographic Handbook of Armenia, 2014.
[6] Ibid.
[7] www.data.unicef.org/fckimages/uploads/1410869227_Child_Mortality_Report_2014.pdf.
[8] NSS, Ministry of Health, Armenia Demographic and Health Survey (ADHS), 2010.
[9] NSS, Demographic Handbook of Armenia, 2014.

4. An emerging public health issue is stunting and other forms of undernutrition, which reached 19 per cent among under-five children in 2010, peaking at 26 per cent among children aged 36-47 months. Undernutrition significantly contributes to child mortality, disease and disability. Malnutrition is a related issue requiring attention. Children from the poorest households, children in rural areas and deprived regions, or children with mothers with basic education are at higher risk of malnutrition. Exclusive breastfeeding was only 35 per cent in 2010, the key bottlenecks being the low level of awareness, an ineffective or inappropriately timed introduction of complementary feeding, as well as inadequate health/nutrition counselling and aggressive marketing of breastmilk substitutes.[10] Anaemia prevalence was high in 2005, at 37 per cent among children aged 6-59 months and 25 per cent among women of childbearing age.[11]

5. The Government supported early childhood education by opening about 300 kindergartens by 2013 and providing one-year preschools in school buildings. Largely as a result, preschool enrolment for 3-6 year old children increased from 42 per cent in 2009 to 48 per cent in 2013.[12] However, significant rural-urban differences exist in enrolment, while children with disabilities and from extremely poor families also have significantly lower enrolment rates, as low-income rural communities often cannot afford to finance and maintain preschools.

6. Gross primary and lower secondary school enrolment are at 94 and 93 per cent, respectively, while upper-secondary enrolment is at 74 per cent.[13] While there are no nationwide mechanisms to track children out of school or at risk of dropping out, the most common risk factors associated with non-attendance are disability,[14] extreme poverty, child labour,[15] ethnicity,[16] and refugee status.

7. Disability has drawn more attention in recent years. Armenia ratified the Convention on the Rights of Persons with Disabilities in 2010. There are 8,005[17] children registered with disabilities, about 1 per cent of the child population. Given the expected 2.5 per cent disability rate,[18,19] around 12,000 more children with disabilities (an additional 1.5 per cent) are likely to be invisible to the social service system. Children with disabilities remain among the most marginalized groups, facing multiple deprivations: 71 per cent of children with disability aged 2-5 years do not attend preschool; 18 per cent do not attend school; 12 per cent attend special schools; 13 per cent live in special schools/orphanages; 34 per cent do not attend community events; and 73 per cent do not use rehabilitation services.

[10] ADHS, 2010.
[11] ADHS, 2005.
[12] NSS, Social Situation in Armenia in 2013.
[13] Social Snapshot and Poverty in Armenia, 2014.
[14] UNICEF and Ministry of Labour and Social Affairs, It's About Inclusion, 2012.
[15] Helsinki Committee of Armenia, Study of protection of children's right to education in the Republic of Armenia Regions and Yerevan, Observer Online Bulletin N 4(59) 2012, accessed at http://armhels.com/wp-content/uploads/2012/06/515eng-Ditord_459_2012-1.pdf.
[16] UNICEF, "Status of School Education for Ethnic Minorities", 2005.
[17] Pyunik database of children with disabilities, Ministry of Labor and Social Issues (as of 1 January 2015).
[18] European Academy for Childhood Disability. Provision of Services for Children with Disabilities in Central and Eastern Europe and the Commonwealth of Independent States (CEE/CIS), 2003.
[19] The World Health Organization (WHO) estimates 5.1 per cent (World Disability Report 2011).

8. The country's significant progress in inclusive education includes the creation of a legislative basis and financing mechanism. However, only 139 out of 1,400 schools are inclusive.[20] The number of special residential schools has fallen from 40 to 23,[21] with further reductions anticipated.[22] In a 2013 survey, 30 per cent of respondents said that children with intellectual disabilities should be isolated from society, but more than 95 per cent favoured inclusion of children with physical disabilities.[23]

9. Currently 3,630 children still live in 40 institutions providing care and/or education, including special schools.[24] Girls with disabilities are considerably more likely to be placed in orphanages than boys.[25] Boys are also preferred over girls for adoption. Poverty is often the sole cause of institutionalization, despite the fact that the United Nations Guidelines for Alternative Care specify that this should not be the case.[26] Most children in residential care have at least one parent. The cost of residential care ranges from $3,080 to $5,000 per child annually, while a child with disability or deprived of parental care who lives with other family members receives benefits of only about $180-$600 annually.[27] The key bottlenecks leading to family separations include the lack of community-based services, the lack of a strong State assistance system for vulnerable families, and non-professionalised child case management.[28]

10. Seven in ten children aged 2-14 years experienced psychological or physical punishment during the 30 days preceding the 2010 ADHS. About one fifth experienced non-violent discipline; 66 per cent, psychological aggression; 42 per cent, physical punishment; and 4 per cent, severe physical punishment.

11. A manifestation of gender inequality is the highly skewed ratio of sex at birth: 114 boys were born for every 100 girls in 2012, compared with the expected 102-106 ratio.[29] Because migrant workers comprise mostly boys and men, the gender imbalance at birth is currently not visible, but may soon have major implications. In society in general, the incidence of gender-based violence is high.[30]

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[20] "List of Schools Providing Inclusive Education Programmes", accessed at http://edu.am/index.php?menu1=9&menu2=137&arch=0.

[21] "List of Special Education Schools", accessed at http://edu.am/index.php?menu1=9&menu2=137&arch=0.

[22] Official Statement of Armenia Ministry of Education at Regional Ministerial Education Conference: Including All Children in Quality Learning, December 2013, Istanbul.

[23] UNICEF and Civilitas, Understanding Attitudes towards Children with Disabilities in Armenia, 2014.

[24] NSS of Armenia, Yearbook 2014.

[25] The overall ratio of registered boys to girls with disabilities is 2:1; in orphanages 5.5:4.5, according to It's About Inclusion.

[26] Guidelines for the Alternative Care of Children, annex of United Nations General Assembly resolution 64/142, article 15.

[27] State budget 2014.

[28] It's About Inclusion, pp. 64-66.

[29] United Nations Population Fund, Prevalence of and Reasons for Sex-Selective Abortions in Armenia, 2012.

[30] A total of 61 per cent of women were subjected to controlling behaviour; 25 per cent, to psychological violence/abuse; 9.5 percent to physical and/or sexual violence. Nationwide Survey on Domestic Violence Against Women (2008-2009).

12. In 2014,[31] only 18 juveniles on average were detained at any time. The Government is addressing key determinants to keeping the number low by strengthening the capacity of judges, prosecutors and police, with the aim of increasing protection and avoiding secondary victimization of children in contact with the law. In addition, Armenia requires a strengthened data management system and comprehensive mechanisms to prevent child offenses and ensure the protection of child victims and witnesses.[32]

13. Young people aged 16-30 identify the key challenges they face: limited employment opportunities (81 per cent), low salaries (47 per cent), lack of housing (36 per cent), and poor educational opportunities (13 per cent). About 78 per cent of surveyed young people want to leave Armenia, with 42 per cent planning to leave within three years.[33] Young people from poor families, with disabilities, and in rural areas are at much greater risk of not taking part in community life and not having decent job opportunities. Health, education and social protection policies all require strengthening to become child-friendly. About 40 per cent of school-aged children have multiple health complaints, and over 25 per cent of 15-year-old girls and rural children show symptoms of serious depression. Adolescents have limited contacts with the health system: some 55 per cent of 11-year-olds have never seen a family doctor or paediatrician, with an even higher rate in rural areas.[34]

14. Armenia is among the 60 most disaster-prone countries,[35] facing nearly 110 types of hazards. The country is prone to earthquakes, 98 per cent of the population is at risk for drought, and 31 per cent for flooding.[36] Shocks and stress, including from climate-related hazards, strongly affect the most marginalized and disadvantaged. Severe environmental challenges include an expanding mining industry, poor-quality drinking water, air pollution, deforestation and open landfills,[37] all of which negatively affect the health of children and communities.

15. The NSS has championed the introduction of methodologies to improve social statistics and produce high-quality national data: a multidimensional poverty index was established with World Bank assistance, while Multiple Overlapping Deprivation Analysis will be conducted with UNICEF technical support in 2015. While all NSS regional offices have the ArmeniaInfo database, decision makers seldom use this system. Moreover, administrative data remain inconsistent and lack an equity focus, and data from various ministries and organizations are often incompatible. A more reliable national data management system on child rights is needed.

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[31] Figures relate to all juveniles in a closed facility; currently half await trial (pre-sentence detention), with the other half in juvenile penitentiary. Source: Ministry of Justice and TransMonee.

[32] UNICEF Regional Office for CEE/CIS, Assessment of Juvenile Justice Reform Achievements in Armenia, 2010.

[33] United Nations Development Programme (UNDP), National Youth Aspirations Research Report, 2012.

[34] Arabkir Medical Centre, Ministry of Health, Ministry of Education and Science, UNICEF and WHO, Health Behavior in School-Aged Children, 2010.

[35] World Bank, Disaster Risk Reduction and Emergency Management in Armenia, 2009.

[36] UNDP, Report on Country Situation Review in the Context of National Disaster Risk Assessment and Management in Armenia, 2010-2011.

[37] UNDP, Towards Implementation of the "Post-Rio+" Process in the Republic of Armenia, 2014.

Programme priorities and partnerships

16. The programme will contribute to the following national priorities: 2014-2025 Armenia Development Strategy, National Plan of Action on Human Rights Protection, 2016-2020 State Programme of Education Development, National Disaster Risk Reduction (DRR) Strategy, State Strategic Programme on Child Rights Protection 2013-2016, and the United Nations Decade of Education for Sustainable Development.

17. The country programme will support the country's efforts towards greater social inclusion, especially for the most deprived children. It will contribute to the implementation of the Convention on the Rights of the Child, and assist with State follow-up to the 2013 Concluding Observations of the Committee on the Rights of the Child. The cooperation will be framed by the Convention on the Elimination of All Forms of Discrimination against Women, and the Convention on the Rights of Persons with Disabilities, and it will pursue the achievement of the post-2015 sustainable development agenda, while linking to the UNICEF Strategic Plan, 2014-2017. The programme is closely aligned with the United Nations Development Assistance Framework (UNDAF) 2016-2020 at the level of outcomes and strategies, and will contribute to the achievement of the post-2015 Sustainable Development Goals.

18. Key lessons learned during the current country programme highlighted the need for further investment in inter-sectoral cooperation. This particularly applies to addressing issues of children who face multiple deprivations, and reinforces the need for alignment of childcare system policies with integrated health, social protection and inclusive education reforms.

19. The Multi Country Evaluation (MCE) of Early Childhood Education recommended strengthening learning outcomes and quality assurance, as well as directing Government allocations towards the most deprived areas/families, including children with disabilities.[38] The MCE of Inclusive Quality Education noted the growing number of children with disabilities attending regular schools and the effectiveness of education programmes that promote social inclusion. It recommended focusing more on the quality of inclusive education, and on operationalizing the national strategy on transformation of special schools.[39] The MCE of Access to Justice suggested further collaboration with the European Union, within its broader engagement in governance and human rights issues.[40]

20. As a reliable partner and a strong, independent voice for children's rights, UNICEF will promote the inclusion of the most deprived children in national policies, convening partners around a child rights-related agenda and providing high-level international technical expertise. Alliances for children will be further strengthened with civil society, including the Child Protection Network of 40 local/international organizations, the DRR National Platform and its Thematic Groups on Education, persons with disabilities and gender, and the Alliance of Disability NGOs (non-governmental organizations). Engagement with parliamentarians, academia, human rights institutions, youth organizations and associations of parents will be

[38] UNICEF Regional Office for CEE/CIS (2014), MCE, Increasing Access and Equity in Early Childhood Education in Six CEE/CIS Countries, 2005-2012.

[39] MCE of Inclusion of All Out-of-School Children in Quality Learning in CEE/CIS.

[40] MCE of the Impact of Juvenile Justice Reforms on Children in Conflict with the Law, 2006-2012.

strengthened. UNICEF will invest in diaspora networks to support child rights-related reforms and will explore involving the private sector in corporate social responsibility, in line with the Children's Rights and Business Principles. UNICEF will continue its close collaboration with the European Union to place children's rights in the European Neighbourhood Policy, as well as with the World Bank, International Monetary Fund, Asian Development Bank (ADB) and United States Agency for International Development (USAID) on social/child protection and DRR.

Survival, health and development of children aged 0-6 years

21. Overall, the objective of this programme component is to address equity gaps in the health system and increase access to inclusive kindergartens of vulnerable children and their families in social services. Building on the well-developed primary health-care structure as the best channel to access families with young children, and in cooperation with education and social services, it will ensure early identification of children with malnutrition, health problems, developmental delays and maltreatment, aiming to ensure the provision of care and support, as well as increased promotion of healthy behaviours.

22. The programme will identify and address underlying systemic bottlenecks and equity gaps in infant mortality, by increasing sustainable State financing for child health care, strengthening data reliability/management, improving quality assurance and capacity for service delivery, and supporting the introduction of the child nutrition surveillance system. In order to reduce child mortality among the most vulnerable families, priority will be given to strengthening neonatal and paediatric care at subnational level, improving referral mechanisms and immunization services.

23. The programme component will contribute to strengthening policies and mechanisms that promote sound nutrition and prevent micronutrient deficiencies, by improving home-visiting and counselling services and by providing adequate support to families, including to improve their health behaviours. Attention will be given to public health interventions, such as flour fortification, and to enhanced multi-sectoral coordination at national, family and community levels.

24. The programme will support early identification/early intervention to prevent developmental delays and disabilities through refining health providers' functional responsibilities and capacities, so that parents can be trained in appropriate parenting techniques.

25. The programme will enable preschool expansion and inclusiveness by designing alternative models for remote, sparsely populated communities; strengthening professionals' capacities and practices; providing policy advice to address inclusion; and supporting improved data management. It will focus on sustainable State financing to reduce gaps in access to inclusive preschools, and will promote effective community models, such as fee waivers for the poorest families, subsidized by other parents.

The right of children to live in a caring and supportive family environment

26. This second programme component's overall objective is to strengthen resilience and coping mechanisms of families, thereby contributing to a safe, caring and supportive environment for their children. It will sharpen the focus of social services on vulnerable families with children, particularly those in extreme poverty.

27. The programme will support coping mechanisms (resilience) of families through the provision of efficient, effective State monetary assistance and specialized services. The programme will strengthen the synergies between child and social protection systems. This will include proposing schemes of reallocation of residential care-related State expenditures towards family-like solutions, including for children with disabilities.

28. This will involve sustaining reform of integrated social services, focusing on case management, local social planning, cooperation among services, and the expansion of professional social workers in communities. UNICEF will advise the Government on social cash transfer reform for increased coverage of extremely poor children, including urban settlements with the highest extreme poverty rates among children.[41] The programme will seek to reduce deprivation of parental care and support reunification of children in State care with their biological families or their placement in alternative family care. At the same time, the programme component will support the establishment of a legal framework and community services to respond to the needs of vulnerable children, including children in emergencies.

29. This component will also support scaling up of the identification, monitoring and response mechanisms for all children out of school or at risk of dropout, based on lessons learned from modelling this approach at the subnational level in one region. Robust data management systems will be complemented by cooperation among education, health, child protection and social protection authorities at community and regional levels.

30. The programme will strengthen the Government's capacity for multi-hazard risk assessment and address needs/concerns of children in the most disaster-prone areas. UNICEF will share its global experience under the Core Commitments for Children in Humanitarian Action (CCC) and promote the use of these guidelines by national emergency services. The programme will support the expansion of the social protection system's response in emergencies and strengthening the resilience of families and children. The role of girls and women in DRR will be prioritized in recognition of their contribution to protecting and rebuilding communities before/after disasters. Because two thirds of students attend schools that do not comply with earthquake-resistant construction codes, the programme will introduce a cost-effective system for building resilient schools that are seismically safe, energy-efficient and inclusive.

31. The programme component will develop a national youth policy framework to promote the inclusion of vulnerable adolescents and young people into sectoral strategies. It will include developing community mechanisms for youth engagement in the policy settings and budget planning to foster the non-discriminatory and meaningful participation of vulnerable adolescents and young people at

[41] The highest extreme child poverty rates are in Kotayk (5.9 per cent), Shirk (4.5) and Lori (3.6).

community/regional levels. An integrated approach oriented to equity and based on the health system will be modelled to help to ensure that the health needs of adolescents are met in a timely and comprehensively manner.

Enhancement of the realization of the rights of children with disabilities

32. Children with disabilities face multiple deprivations and need a continuum of services. This component's overall objective is to reduce bottlenecks in policy and legislation, budgeting and availability of services for children with disabilities, and to promote societal attitudes conducive to their full inclusion. Overall, this component will contribute to the needs of children with disabilities being reflected in education, health, child protection, justice and DRR policies and programmes.

33. The programme will work to give children with disabilities greater visibility in national data collection, through strengthening of cross-sectoral data management so that State policies/budgeting are better informed. The Government's efforts to improve the assessment of disability will be aligned with the International Classification of Functioning, Disability and Health (ICF), by revising criteria of eligibility for benefits/services.

34. Within this programme component, the Government will establish and expand existing rehabilitation services within the primary health-care system, as well as create community-based after-school care, development and respite services for children with disabilities and their families. Fostering cross-sectoral cooperation among education, health, child protection and social protection services for children with disabilities will be a key strategy to strengthen the exchange of information and referral mechanisms among outpatient health facilities, preschools and social services.

35. The national inclusive education system will be strengthened by transforming special schools into teaching support centres, developing the capacity of teaching/administrative staff, revising special-education needs assessments based on the ICF, changing funding mechanisms and improving quality of instruction. The programme will further work to ensure that positive experiences and lessons learned from inclusive school policies and programmes are reflected in preschools.

36. To reduce stigma and increase the participation of children with disabilities, this component will also focus on addressing social norms in preschools and schools, as well as on reducing the public's acceptance of child abandonment because of disability by raising awareness of the rights of children with disabilities, promoting equal access to education and encouraging inclusive values and respect for diversity.

Access to justice for children

37. Building on the reform of criminal and civil legislation and accompanying procedural codes, this component will assist efforts to establish a fair, timely and effective judicial system for children, as well as a child rights monitoring system, that can address violations of rights for the most vulnerable children.

38. The programme will support the legal reform process so that new laws safeguard the best interests of the child in contact with the civil, criminal or administrative justice system, including through the provision of child-sensitive procedures and information. It will further contribute to strengthening justice professionals' capacity to work with children in conflict with the law. It will also contribute to the development of policies and services to protect the rights of children in contact with the law — child victims/witnesses in particular — in order to reduce obstacles these children face in accessing justice and to prevent secondary victimization.

39. To facilitate the implementation of all rights under the Convention on the Rights of the Child and under national laws, the programme will promote a participatory approach so that marginalized children have a voice in combating discrimination and experience the realization of their right to an effective remedy. This will be accomplished through measures including the provision of child-sensitive alternative mechanisms to solving disputes and seeking redress as well as the provision of appropriate reparation measures. This component will continue to support strengthened independent monitoring of child rights by the National Human Rights Defender's Office (HRDO), including through enhancing direct access of children to the HRDO and preparing specialized child rights reports to the President and Parliament. The role of NGOs as part of an independent monitoring system will be promoted.

40. This component will also enable a more child-oriented approach to policy, programme and service design at all levels following relevant institutional mandates. Service provision will increasingly focus on the specific needs of the child and on better referral systems, with the expected result of a sharpened equity focus and greater progress in the realization of the rights of the most vulnerable.

Summary budget table

	(In thousands of United States dollars)		
Programme component	*Regular resources*	*Other resources*	*Total*
Child survival, health and development	1 185	2 585	3 770
The right of children to live in a caring and supportive family environment	1 275	3 010	4 285
Enhancement of the realization of rights of children with disabilities	1 050	1 735	2 785
Access to justice for children	1 045	1 170	2 215
Total	**4 555**	**8 500**	**13 055**

Programme and risk management

41. This country programme document outlines UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at country level. Accountabilities of managers at the country, regional and headquarters levels with

respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

42. The main risks to expected results relate to safety/security in light of the uncertain economic environment, high exposure to disaster, and reduced fundraising opportunities for a middle-income country. Mitigation measures will include fostering a strong commitment of stakeholders to account for their actions in policy reforms involving multiple line ministries, a risk-informed planning approach, mainstreaming of DRR, close partnerships with all levels of governance, establishment of permanent multi-sectoral commissions, diversification/leveraging of funding sources, as well as close monitoring of the harmonized approach to cash transfers. The focus will be on further developing the capacity of the State and on enhancing national ownership of the programme, so as to secure public funding for its continuation beyond 2020.

43. The United Nations will establish mechanisms to coordinate planning, implementation, monitoring and evaluation of the UNDAF, to which the country programme will directly contribute. As a basis for developing workplans to operationalize the country programme, UNICEF and the Government will agree on detailed results to be achieved by the cooperation.

44. As noted, UNICEF will work to leverage and mobilize resources for children by strengthening partnerships with Government, civil society and private sector partners, including by further enhancing partnerships with USAID, the World Bank, European Union and ADB. Opportunities for subregional programmes will be explored.

Monitoring and evaluation

45. The country programme will monitor barriers and bottlenecks faced by the most disadvantaged children in order to develop the most adequate strategies to help to reduce socioeconomic disparities. It will assist in establishing an equity-focused monitoring system to regularly inform policy and decision-making, with indicators agreed with partners and showing high disaggregation, based on internationally recognized standards.

46. The country programme will invest in harmonizing social statistics on child rights across State bodies to align with international standards, promoting the establishment of a designated institution to engage line ministries in implementing child rights policies in accordance with the Concluding Observations of the Committee on the rights of the Child. It will periodically publish a report on the state of children in Armenia.

47. Programme baselines will rely on the 2015 ADHS, the ILCS and Government administrative data. Child poverty data will be monitored based on the annual report on Social Snapshot and Poverty in Armenia and by using multiple overlapping deprivation analysis. Each key programme component will be externally evaluated in line with UNICEF evaluation policies.

48. Specific surveys on children with disabilities, children in residential care and other vulnerable groups will be conducted to monitor trends in disparities, including those regarding gender. Key evaluations will assess the effectiveness of family- and community-based alternative services and their role in the prevention of

institutionalization, the nutritional status of children and its dynamics, and the effectiveness of inter-sectoral mechanisms to monitor children out of school or at risk of dropout. The programme will systematically track progress against planned results through midyear and annual reviews.

49. Based on the good practices of Armenia, the country programme will invest in evaluating and documenting good practices and lessons learned to contribute to child rights realization beyond Armenian borders.

Annex

Results and resources framework

Armenia-UNICEF country programme of cooperation, 2016-2020

Convention on the Rights of the Child (relevant articles): 1, 7, 9, 14, 15, 16, 19, 20, 23, 24, 25, 28, 30, 34, 37, 39, 40

National priorities: 2014-2025 Armenia Development Strategy, National Plan of Action on Human Rights Protection, 2016-2020 State Programme of Education Development, National Disaster Risk Reduction (DRR) Strategy, State Strategic Programme on Child Rights Protection 2013-2016, and United Nations Decade of Education for Sustainable Development

Sustainable Development Goals:*

- End hunger, achieve food security and improved nutrition
- Ensure healthy lives, promote well-being for all at all ages
- Ensure inclusive, equitable quality education, promote lifelong learning opportunities for all
- Reduce inequality within and among countries

UNDAF outcomes involving UNICEF:

- By 2020, vulnerable groups have improved access to basic education and social protection services and participate in their communities
- By 2020, quality health services are accessible to all, including especially vulnerable groups
- By 2020 Sustainable Development principles and good practices for environmental sustainability resilience-building are introduced and applied
- By 2020, people's expectations for voice, accountability, transparency, and protection of human rights are met by improved systems of democratic governance

Outcome indicators:

- % of under-1 children fully immunized
- Stunting level in 0-5 girls/boys
- Children with special education needs enrolled in inclusive schools
- % of poor/extremely poor families reached with family benefits
- Number of communities benefiting from innovative disaster risk reduction/resilience measures and practices

Related UNICEF Strategic Plan outcome(s):

- Improved/equitable use of high-impact maternal and child health interventions from pregnancy to adolescence and promotion of healthy behaviours
- Improved/equitable use of nutritional support and improved nutrition/care practices
- Improved learning outcomes, equitable inclusive education
- Improved/equitable prevention of and response to violence, abuse, exploitation and neglect of children
- Improved policy environment and systems for disadvantaged/excluded children, guided by improved knowledge/data

* Sustainable Development Goals and targets, http://sustainabledevelopment.un.org/focussdgs.html, Sept 2014.

UNICEF outcomes	*Key progress indicators, baselines and targets*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome*		
					RR	*OR*	*Total*
By 2020, disadvantaged girls and boys aged 0-6 years and their families will make progress in realization of their rights to quality and inclusive health care, nutrition and early learning services	% of regional primary health facilities providing minimum standards of counselling/home visiting services to families with children 0-6 in regions Baseline: 10% of regional facilities (2014) Target: 70% (2020) Stunting among under-5 girls/boys Baseline: 19% [18%, girls; 20%, boys] (2010) Target: maximum 11% boys/girls (2020) % of girls/boys aged 3-5 enrolled in preschool Baseline: 47% [46% boys, 50% girls, 29% extremely poor] (2013); 29% children with disabilities [CWD] (2012) Target: 70% boys/girls; 50% extremely poor; 50% CWD (2020)	Ministry of Health (MoH) data Armenia Demographic and Health Surveys, (ADHS), 2010; 2015; 2020 NSS Social Situation in Armenia; MoES	By 2020: – National capacity to provide quality maternal and child health services for the most disadvantaged children is increased – Equity-oriented family support and home visiting services for young-child health and nutrition are improved – Access to early learning for the most disadvantaged groups is increased, including in times of shock and stress	MoH, Ministry of Education and Science (MoES), local health authorities, United States Agency for International Development (USAID)	1 185	2 585	3 770
By 2020, statutory needs-based services to disadvantaged families are in place to realize the right of a child to live in caring, protective and resilient family environments	Number of boys/girls in residential institutions at the end of the year Baseline: 3,629 [54% boys; 46% girls] (2014) Target: less than 1,000 (2020); % of child extreme poverty Baseline 3.3% [urban settlements: 3.8%/rural: 2.4%] (2013) Target: 2% [urban settlements: 2%/rural: 2%] (2020)	Ministry of Labor and Social Issues (MoLSI) data; case manager reports; MoE data NSS Social Snapshot and Poverty report MoES reports	By 2020: – Child protection services effectively prevent family separation and respond to child violence and abuse – The integrated social protection system effectively identifies and responds to income poverty and multiple deprivations of disadvantaged children and their families	MoLSI, MoES, MTA, State Police, Human Rights Defender, Ministry of Urban Development, World Bank, ADB, IMF, USAID, European Union, Die Deutsche Gesellschaft für Internationale Zusammenarbeit (German Agency for Technical Cooperation)	1 275	3 010	4 285

UNICEF outcomes	*Key progress indicators, baselines and targets*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome*		
					RR	*OR*	*Total*
	% of child poverty Baseline 37.3% [urban settlements: 38.2%/rural: 36%] (2013) Target: 20% [urban settlements: 20%/rural: 20%] (2020) % of communities incorporating DRR/risk analysis into local development strategies Baseline: 0.1% (2014) Target: 50% (2020)		– National and subnational mechanisms are established to promote civic participation, and to build resilience and capacity of disadvantaged adolescents to realize their rights, ensuring access to quality health, community development, and employment services – National and subnational systems strengthen the resilience of disadvantaged children, including those with disabilities, in environmental hazard- and disaster-prone zones in line with international standards – Major policies, perceptions and attitudes with regards to women's and girls' roles and value in the society are positively changed – Intersectoral mechanisms are established to identify and support out-of-school and at-risk children				
By 2020, children with disabilities progressively realize their rights to education, rehabilitation and social protection and to participate in community life	Number of children receiving rehabilitation services in State-funded centres Baseline: 1,580 (2014) Target: 6,000 (2020)	MoH, MoES MoES NSS ILCS (Child Needs Survey) MoLSI	By 2020: – Children with disabilities have improved access to quality rehabilitation and care services	MoH, MoLSI, MoES, Ministry of Youth and Sport	1 050	1 735	2 785

UNICEF outcomes	*Key progress indicators, baselines and targets*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome*		
					RR	*OR*	*Total*
	Number of children with special education needs in inclusive schools Baseline: 3,000, gender disaggregation N/A (2014) Target: 5,000, gender disaggregation available Number of children in special schools for children with disabilities Baseline: 2,400 (2014) Target: 500 (2020) % of people older than 18 believing that children with physical/intellectual disabilities should go to mainstream schools Baseline: 52% physical, 12% intellectual (2013) Target: 75% physical, 40% intellectual (2020) The Government has real-time multi-sector monitoring on CWD Baseline: the database in place is sectoral and does not include all CWD (2015) Target: the database includes at least 90% CWD and is linked with existing child-focused national systems in real time (2020)		– Children with disabilities have improved access to quality inclusive education at preschool and primary and secondary school levels – Needs and voices of adolescents and young people with disabilities are reflected in relevant sectoral policies and strategies that are risk-informed – Public attitudes towards the inclusion of children with disabilities are improved and these children are more involved in the life of their communities – The data management system on children with disabilities is strengthened and coverage is improved by enhancing identification based on the Convention on the Rights of Persons with Disabilities definition, establishing real-time monitoring of rights of children with disabilities and ensuring disaggregation in child-focused national statistics				

UNICEF outcomes	*Key progress indicators, baselines and targets*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome*		
					RR	*OR*	*Total*
By 2020, justice and human rights institutions better serve, protect and monitor the rights of all children, especially the most vulnerable, in line with the Convention on the Rights of the Child	Child rights monitoring body identified and functioning Baseline: no independent report on State of Children in Armenia Target: first independent report published (2020) % of 2013 Committee Concluding Observations implemented Baseline: 7% (2014) Target: at least 70% (2018) System of protection for child victims and witnesses is in place and in line with UN Guidelines on Justice in Matters Involving Child Victims and Witnesses of Crime Baseline: in place, not in line with UN Guidelines (2014) Target: in place, in line with UN Guidelines (2020). The Ombudsman's individual complaint system is accessible for institutionalized and school children	Government decree on establishment of child rights monitoring body Independent assessments, surveys, studies, evaluations/monitoring reports; administrative reports and databases Decision of Government/ Ministry of Justice (MoJ) Ombudsman reports	By 2020: – Government capacity is strengthened to ensure that equity-focused, child-specific quality data management systems are in line with international standards – The justice system adequately responds to children's violation of rights and ensures fair, timely and effective solutions – The Ombudsman and a network of child rights civil society groups are able to monitor and report on child rights violations	Human Rights Defender's Office, MoES, MoLSI, MoJ, Ministry of Territorial Administration (MoTA), MoE, MoES, MoH, National Statistical Service (NSS), police, local self-government bodies, UN agencies, civil society	1 045	1 170	2 215

UNICEF outcomes	*Key progress indicators, baselines and targets*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome*		
					RR	*OR*	*Total*
	Baseline: 0% have direct access to Ombudsman Target: 100% of children in residential institutions, and 50% in mainstream schools have direct access (2020)						
Total					**4 555**	**8 500**	**13 055**